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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none*  
*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]*  
 Examiner's Signature Initials

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TITLE

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